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in which she moved and acted were so pleasing and soothing to me, that I began to have to admit that I liked her.

Later in the evening she removed all the unnecessary blankets and straightened the sheets. I had been weak, hot, and restless. The alcohol bath and the powder she had given me made me feel rested. She patted my pillows into a more comfortable position and in a short time I fell into a peaceful sleep.

At intervals during the night I would waken, and each time I found her ready to make me more comfortable. She talked little and did everything so quietly and gently that she seemed to belong where she was. Everything she did was done perfectly. None of her movements were superfluous; each accomplished a definite task.

Each meal she fixed for me was a joy. I never knew what she would bring. Everything was good and appetizing and so tastefully arranged. She read to me often, and sad to say, her sweet voice often lulled me to sleep.

It was not many weeks until I was strong enough to be up and about. She had just tucked me into bed one night when she said, "Well, tomorrow you will be well enough to get along without me, so I'll be leaving then. Sleep well tonight, for I'll have a little surprise for you in the morning.

Leaving!! I had never thought of that. What would I do without her cheerful, gloom-dispersing person about, who would take her place in my life? She hardly seemed like a nurse, she was so very human, so entertaining,—cheerful always, so attentive, and loved and admired by all. She had a few faults, but her virtues were so many and so evident that one could ignore the few failings. I dreaded to have the morning come; but childlike I thought of the surprise she had in store for me, and fell asleep.

THE AMERICAN NURSE AND THE PRE-SCHOOL CHILD

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"The race marches forward on the feet of little children."

We are placing a heavy burden on the shoulders of our littlest ones, and the least we can do is to make the road as straight and as clear of all obstacles as possible.

The pendulum swinging back and forth occasionally is stopped, and its indicator points to some one phase of child life requiring

especial emphasis. This seems to be the only way by which sufficiently intensive effort can be exerted to awaken the slumbering public to its highest responsibilities. Why does the indicator now point so persistently to the pre-school child? Is the toddler wandering alone and neglected in "no man's land of childhood," from a lack of knowledge of his needs? Not at all.

For fifteen years there has been a recognition of neglect of the pre-school child, and efforts have been made to include him in general health plans. However, an impetus which would carry forward all of the health development phases of child life could not be secured, and as infants were slipping from us in such large numbers our first attention was given to them. At the same time educators began to see that the health of the pupils in our schools must be improved if the children were to realize the highest mental attainments, so medical supervision of school children was established.

Standing between the two groups, the toddler received little consideration. Now we ask, what is a pre-school child? Correctly speaking, we should say that he is any child who has not attained an age which would enable him to enter school. Popularly speaking, however, we refer to him as a child anywhere between infancy and school age, and for the purposes of this paper, the exact month of his graduation from the infancy class matters little, but we do wish to consider some of the complications involved, and their possible solution.

If a survey of school children shows us that 75 per cent of the children have defective teeth, 25 per cent have defective vision, 5 per cent have defective hearing and 25 per cent have malnutrition, we can justly ask ourselves what we have been doing to allow such poor health to prevail and whether there are any complications which preclude us from actively preventing a repetition of such a tragic situation.

We now have well-known methods by which our infant mortality can be reduced 50 per cent. By similar means, we can also greatly reduce morbidity among children. It is therefore relevant for us to go over the plan of organization.

As the solving of the problem requires both educational facilities and remedial activities, ought not the services of the health divisions in the schools to be extended until they include the pre-school child? Such an extension of service has been instituted by some Departments of Health having the supervision of health in the schools. The day may not be far distant when school buildings will be planned and equipped to include preventive, educational, and health activities.

Some Departments of Health maintain that the interest and coöperation of the mothers are best secured through the efforts of the older children and teachers, in addition to those of the physicians,

nurses and dietitians. Conversely, the staff of infants' clinics, which have been extended to include the children up to the school age, maintain with equal assurance that, having gained the confidence of the mother in caring for her infant, it is logical for the mother to continue with the services of the Infant Conference group of workers.

Either of these premises is sound, but both require a sufficient number of socially trained public health nurses to follow up the work in the home if best results are to be obtained. The development of either plan would require the following personnel:

Physicians.—We cannot know the truth about the fundamental condition of any child without a complete physical examination by a physician who has had training in the physical diagnosis of children. Our first consideration should be to secure the endorsement of any child health plan by local physicians who will logically be interested in the wise selection of a medical director. In concurrence with the physical examination of the child must go the mental testing, for which accurate standards of development are being evolved.

Nursing Staff.—After the physical examinations have revealed the nature of defects to be corrected, mental and physical, there must be close follow-up work in the homes by nurses who are socially trained and who have a breadth of vision which will enable them to coöperate with social workers, dietitians, kindergarten instructors, day nursery superintendents, and—most of all—with the mothers. Such a system of follow-up work and assistance cannot attain to highest standards and cannot permit the nurses to render the greatest possible service unless they are under the supervision of a nurse director. A cardinal requisite would be lacking if this were omitted.

Nutritionists.—Just how the trained nutritionists, whose services are so valuable in the care of the malnourished pre-school child, are to fit best into the general scheme is a question which is being solved in various ways according to the general development of the work. The fact that they hold a most important place, admits of no controversy but, it is also true that one group appreciates having them as members of a nursing staff, holding nutritional classes, and being responsible for certain types of home follow-up work, while another, equally broad-visioned, group asks, "Why have nutritionists on the nursing staff? Their work is distinctive, and, as such, they should belong to a nutritional group and act as consultants and in coöperation with the nurses." Still another group can best correlate its functions by having a joint committee for the purpose of developing nutritional classes. With our present limited number of trained nutritionists, it would seem unwise to outline definite procedures; it would be a better plan to study the problem together.

Dentists and Hygienists.—Having learned the importance of the care of the children's first teeth, we realize that no organization is complete without the available services of a dentist or dental hygienist.

Social Workers.—Nurses and social workers have for such a long time recognized the mutual benefit gained by close coöperation that their relationship demands little discussion. It is certain that there is strength in harmonious adjustment of service.

Voluntary Aides.—What about all of the other groups of women workers,—clubs and federations and leagues? We are never going to reduce our mortality to its lowest degree unless we join forces with the public and play the game together. Wouldn't we have had a 100 per cent birth registration by this time, if we had prevailed upon all of the women's societies to assist in the campaign for satisfactory birth registration? Why not demand the child's birth certificate upon admittance to any of our pre-school activities rather than waiting for his entrance into school?

Diagnostician.—Because of her special training, it would seem to be within the province of the socially trained nurse to act as the diagnostician in the home. Frequently the nurse would realize that the most imperative problem was one of malnutrition, and would at once refer the patient to the dietitian, whose training fits her for the more skilled nutritional guidance.

Day Nursery and Kindergarten Workers.—The opportunities for the accomplishment of close, intensive, constructive work between the nursing staff and these two groups have never been fully grasped. Everyone understands that the day nurseries are caring for the pre-school children, but few consider how many day nurseries are developing a constructive plan in its many phases. Kindergarten workers know the best methods for imparting information in the spirit of play. Are we adopting their methods and using their skill to assist us in our health teaching?

One phase of the pre-school child's life, which is so often tragic in its results and which holds out such marvelous possibilities for the nurse to use her influence, no matter where she is located, is the constant danger, which the child encounters of contracting contagious diseases. Do we comprehend that out of the 300,000 children under five years of age, who annually give their lives, there is an alarming number of deaths traceable to contagious diseases; and that 80 per cent of all deaths from contagious diseases are in children under five years of age? Do we comprehend that measles, frequently running rampant, because we do not heed the first symptoms, has following in its wake many respiratory diseases?

If we could visualize all of the suffering caused by our laxity in

the control of contagions, there would be an astonishing lowering of both mortality and morbidity rates. Are we willing to be responsible just because it is easier to leave all of the education to the Health Department than it is to *think* and be a *part of* the public health education campaign?

Whose privilege is it to present pertinent facts to the public in a manner in which all can grasp the fact that, as a nation, we are still woefully lax in the care of our children? This could be accomplished through the earnest coöperation of all nurses, for surely in this field the private duty nurses can wield as great an influence as can the public health nurses, as they have opportunities which are far-reaching in their influence.

All of the problems surrounding child life are, to a certain extent, found everywhere, no less in the rural districts than in the cities, and many times because of the lack of personnel, the country districts are more difficult with their multiplicity of problems.

Summary.—We can never reach all of the children until the public fully realizes:

1—that the best professional training is none too good if we are to safeguard the lives of our potential citizens;

2—that adequate financial support is necessary, and that investments in health measures render highest returns;

3—that the standards set by an international group of specialists, called together by the Federal Children's Bureau, have not nearly been met.

At the last meeting of the American Child Hygiene Association in St. Louis, Herbert Hoover told us,

If we could grapple with the whole child situation for one generation, our public health, our economic efficiency, the moral character, sanity, and stability of our people would advance three generations in one.

This is a challenge worthy of our acceptance. Are we willing to be a part of the army of workers to see to it that no child enters school with any preventable defect? The medical officer in the school should have a record from every child upon entrance to school, a record which would briefly indicate just what opportunities had been extended to the child, what defects had been corrected, and what handicaps the child still retains.

Is there any project more worthy of our consideration than that of child health conservation? We do believe with Phillip Brooks that He who helps a child helps humanity with a distinctiveness, with an immediateness, which no other help given to human creatures in any stage of their human lives, can positively give again.